

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3975 Fair Ridge Dr.

Suite 400 North

☐ Check if different than previously reported. (ACC)

FAIRFAX

VA

22033

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00408435

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2011

through

M M M / D D D / Y Y Y Y Y Y
06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Doug Huynh

Signature of Treasurer

Doug Huynh

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 26 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		139631.64
(b) Cash on Hand at Beginning of Reporting Period.....	135977.52	
(c) Total Receipts (from Line 19)	14811.46	16262.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	150788.98	155893.65
7. Total Disbursements (from Line 31)	15106.97	20211.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	135682.01	135682.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
04 01 2011

To:

M M / D D / Y Y Y Y Y Y
06 30 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

11716.00

12966.00

(ii) Unitemized

3045.00

3195.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

14761.00

16161.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

14761.00

16161.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

50.46

101.01

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

14811.46

16262.01

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

14811.46

16262.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	106.97	211.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	106.97	211.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	20000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15106.97	20211.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15106.97	20211.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14761.00	16161.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14761.00	16161.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	106.97	211.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	106.97	211.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Philip Adler

Mailing Address 11800 Twelve Mile Rd.

City

Warren

State

MI

Zip Code

48093

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Macomb Hospital

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2011

Transaction ID : SA11AI.7199

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Zubin Balsara

Mailing Address 8309 Canopy Oaks Drive

City

Ft. Smith

State

AZ

Zip Code

72903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Medical

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2011

Transaction ID : SA11AI.7165

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lawrence John Briggs

Mailing Address 9 Thicket Lane

City

W Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Ce

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2011

Transaction ID : SA11AI.7179

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael Brunner

Mailing Address 5145 N California Ave

City State Zip Code
Chicago IL 60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Covenant Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2011

Transaction ID : SA11AI.7159

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gilberto Cadavid

Mailing Address 5 Camden Oaks

City State Zip Code
San Antonio TX 78248-1601

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiolog Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2011

Transaction ID : SA11AI.7152

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steve Y. Chen

Mailing Address 4483 152 Lane, S.E.

City State Zip Code
Bellevue WA 98006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Medical Center/Evergre

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2011

Transaction ID : SA11AI.7182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Don H. Chin

Mailing Address 15820 Nightingale Lane

City State Zip Code
 Redding CA 96001-9500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Radiological Associat

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2011

Transaction ID : SA11AI.7230

Amount of Each Receipt this Period

215.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Citron

Mailing Address 13 Ball Mill Place

City State Zip Code
 Atlanta GA 30350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates Of Atlant

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 27 / 2011

Transaction ID : SA11AI.7216

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. William C Culp

Mailing Address 11560 Rivercrest Drive

City State Zip Code
 Little Rock AR 72212

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Med

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 12 / 2011

Transaction ID : SA11AI.7183

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. William Deeter

Mailing Address 14 Ryedale Ct.

City State Zip Code
 Greenville SC 29615

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Greenville Radiology, PA

Occupation
 doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2011

Transaction ID : SA11AI.7217

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas Fuller

Mailing Address 5465 Errol PI NW

City State Zip Code
 Atlanta GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Diagnostic Imaging Specialists

Occupation
 doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2011

Transaction ID : SA11AI.7177

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory E Guy

Mailing Address 395 West 12th Ave, 4th Floor

City State Zip Code
 Columbus OH 43210

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Ohio State University Medi

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2011

Transaction ID : SA11AI.7223

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Noel Haskins

Mailing Address 200 Myrtle Drive

City State Zip Code
Thomasville GA 31792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates Of Thomas

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2011

Transaction ID : SA11AI.7162

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Anthony Hein

Mailing Address 25 Camden Place

City State Zip Code
Corpus Christi TX 78412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology&Imaging of South Tex

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2011

Transaction ID : SA11AI.7204

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Herald

Mailing Address 2555 Ponce De Leon
#400

City State Zip Code
Coral Gables FL 33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Business Service, Inc.

Occupation
administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2011

Transaction ID : SA11AI.7205

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1501.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bradley A Johnson

Mailing Address Dept of Radiology

530 NE Glen Oak Ave

City

Peoria

State

IL

Zip Code

61637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osf St. Francis Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2011

Transaction ID : SA11AI.7166

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Saravanan Kasthuri

Mailing Address 1108 Williams Blvd.

City

Richland

State

WA

Zip Code

99352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Basin Imaging

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2011

Transaction ID : SA11AI.7232

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Katharine Krol

Mailing Address 8433 Harcourt Rd

City

Indianapolis

State

IN

Zip Code

46260

FEC ID number of contributing
federal political committee.

C

Name of Employer

St.Vincent Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2011

Transaction ID : SA11AI.7210

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael J Ludkowski

Mailing Address 5 Welsh Cobb Court

City	State	Zip Code
Greenville	SC	29615

FEC ID number of contributing federal political committee.

C

Name of Employer

Spartanburg Regional Medical C

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	2		2	0	1	1		

Transaction ID : SA11AI.7208

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James D Lutz

Mailing Address 307 Geneseo Road

City	State	Zip Code
San Antonio	TX	78209-6124

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology Associates Of San An

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	1		2	0	1	1		

Transaction ID : SA11AI.7154

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. James D Lutz

Mailing Address 307 Geneseo Road

City	State	Zip Code
San Antonio	TX	78209-6124

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology Associates Of San An

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	1	1		

Transaction ID : SA11AI.7157

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gordon Ng

Mailing Address 347 N. Kuakini St.

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kuakini Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2011

Transaction ID : SA11AI.7171

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard Price

Mailing Address 13348 Old Winery Rd.

City

Poway

State

CA

Zip Code

92064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palomar Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2011

Transaction ID : SA11AI.7160

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Anne Roberts

Mailing Address 9300 Campus Point Dr
#7756

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSD Medical Center/Thornton H

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2011

Transaction ID : SA11AI.7161

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kevin L Sullivan

Mailing Address 250 E Ponce DeLeon Ave

City State Zip Code
Decatur GA 30030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2011

Transaction ID : SA11AI.7226

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles Sutton

Mailing Address 301 Crossgate Dr.

City State Zip Code
Clarks Summit PA 18411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Radiological Consultants Inc

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2011

Transaction ID : SA11AI.7229

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Frank Taylor

Mailing Address 3100 E Fletcher Ave

City State Zip Code
Tampa FL 33613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University Community Hospital

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2011

Transaction ID : SA11AI.7228

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jorge Velez

Mailing Address 6 lost timbers

City
San Antonio

State Zip Code
TX 78248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates Of San An

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2011

Transaction ID : SA11AI.7155

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Weil

Mailing Address 525 E. Market Street

City
Akron

State Zip Code
OH 44304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Radiology, Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2011

Transaction ID : SA11AI.7194

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin E. White

Mailing Address 4062 Viewcrest Loop

City
Floyds Knobs

State Zip Code
IN 47119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Floyd Memorial

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2011

Transaction ID : SA11AI.7175

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

11716.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bank of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2011

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

Transaction ID : SB21B.7140

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

35.30

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

35.30

TOTAL This Period (last page this line number only)..... ►

35.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GINGREY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2011

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

Transaction ID : SB23.7146

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

J. PHILLIP GINGREYCategory/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2011
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 11

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2011

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Transaction ID : SB23.7141

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

S. BRETT GUTHRIECategory/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 02

Full Name (Last, First, Middle Initial)

C. WHITFIELD FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2011

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Transaction ID : SB23.7145

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

ED WHITFIELDCategory/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2011
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 01

SUBTOTAL of Disbursements This Page (optional).....▶

15000.00

TOTAL This Period (last page this line number only).....▶

15000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB23
Transaction ID : SB23.7141

Amendment made to correct a clerical mistake in the election type and election year.

Form/Schedule:
Transaction ID: